Social Group Work Practice by Nongovernmental Organizations for Upliftment of People Affected and Infected by AIDS

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ABSTRACT: Social Group Work is a boon to the social work practitioners which make easy to work with groups. It may be challenging to initiate groups in HIV/AIDS sector due to stigma and discrimination, but few NGOs have implemented efficiently social group work practice with the HIV affected people. HIV/AIDS is one of the significant social problems in developing countries like India. It is associated with Social Stigma and Discrimination and also a barrier to the development of the nations. Support groups are an instrument for the HIV infected people to reduce stigma and discrimination and promote quality of life.

Krishna District of Andhra Pradesh has been selected as a research setting for the present study. It is one of the highest HIV prevalence district in Andhra Pradesh. It is observed that six nongovernmental organizations are working in HIV/AIDS sector in Krishna District. The researcher used observation method and interacted with NGO directors, people living with HIV/AIDS, Children affected by AIDS and also grannies to know about the activities of their groups. Practical work experience of the researcher is also an additional advantage to this study. The research conducted six focus group discussions to know about the issues and challenges of different groups in HIV/AIDS sector.

This article therefore will throw light upon the Social Group Work practice in various nongovernmental organizations working in HIV/AIDS sector in Andhra Pradesh. The study observed that the NGOs started groups for children, adult, and grannies affected by AIDS. In addition to that, they have also started positive networks for the people infected to solve the problems by themselves.

Keywords: Community, Stigma & Discrimination, Support Groups, Social Group Work

1. INTRODUCTION

The origin of HIV and AIDS came to light in the early 1980s. Since then it was transmitted to all the countries in the world. Now 33.1 million people are living with HIV/AIDS and 20 Million people pass away every year from the world. According to NEMA foundation, a majority of new infections occur in young adults, and one-third of those currently living with HIV/AIDS are aged 15 to 24 (Avert, 2008). HIV is spread by four primary modes of transmission. Unprotected sexual relations with the exchange of semen or vaginal secretions; Heterosexual sex is the most common mode of transmission worldwide, and anal intercourse is also risky for both partners, but mainly the receiving partner (USAID, 2008).

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The below table presents the statistics of HIV/AIDS in the globe.

HIV/AIDS scenario in Globe

Type of People	Estimate	Range
People living with HIV/AIDS in 2007	33.2 million	30.3-36.1 million
Adults living with HIV/AIDS in 2007	30.8 million	28.2-34.0 million
Women living with HIV/AIDS in 2007	15.5 million	14.2-16.9 million
Children living with HIV/AIDS in 2007	2.0 million	1.9-2.3 million
AIDS Deaths up to 2007 in Adult	2.0 million	2.4 million
AIDS Deaths up to 2007 in Children	0.28 million	0.41 million

Source: www.avert.org/india 2008

India's first known HIV infection was diagnosed in a female sex worker in Chennai in February 1986. The first case of HIV was found in Andhra Pradesh in 1987. The state of Andhra Pradesh Reported adult HIV prevalence in the recent national population-based survey is 0.97% in Andhra Pradesh. It is estimated that there were around 520,000 are infected in the state (APSACS, 2010). APSACS reported that 88% infections occur through sexual transmission in Andhra Pradesh. HIV prevalence at STD clinics was very high at 17% in 2007. Out of 5.2 million estimated cases of HIV/AIDS in India, about 11 Percent are from Andhra Pradesh (NACO, 2007).

According to National AIDS Control Society, there are 5.2 million people are living with HIV/AIDS. PLHA suffer from stigmatization and discrimination, economic problems, children marriages, medicine, lack of counseling supports and care and treatment facilities. (Kurian Kochupurakkal, 2000). Fear-based messages have created an atmosphere, which is neither conducive to behavior change nor enabling for PLHA to create an effective response to complement the national AIDS program.

2. Methodology

The study has been conducted in Krishna District because it is one of the highest HIV prevalence district in Andhra Pradesh. It is observed that six nongovernmental organizations working in HIV/AIDS sector in Krishna District (Vasavya Mahila Mandali, Reeds India, Deepthi Socioeconomic Society, Annamma Home for deaf and dumb, Sanga Mitra Service Society and St Ann's Hospital). The researcher collected type of groups promoted by the NGOs based on social group work and its principles. The researcher used observation method and interacted with NGO directors, people living with HIV/AIDS, Children affected by AIDS and also grannies to know about the activities of their groups. The researcher also conducted six focus group discussions to understand the issues and challenges of different groups in HIV/AIDS sector. The researcher's practical work experience in HIV/AIDS sector is also an additional advantage to this study. This article presents types of groups are available for HIV affected/infected people in Andhra Pradesh.

Social Work Profession is an emerging profession towards promoting social development and human development to enable people, especially those belonging to weaker and vulnerable sections of society, to lead a decent, dignified, just, emancipated, satisfying and peaceful life. The trained professional social workers are employed in various sectors like NGOs, Government, Trust, etc., for the wellbeing of individuals, groups, and community by intervening through research,

policy, community organization. After many attempts since 1997 by the social work practitioners, they have been promoted social group work through support groups and clubs. It helps to improve quality of life among People/Children living/affected with HIV/AIDS through creating the enabling environment. Initially, it is a challenge to the social work practitioners to bring all the HIV infected people on one platform. But the NGOs support created an idea to use the group work in HIV/AIDS sector help a lot to the affected and infected people.

3. Major Findings and types of the Groups

VMM and its partner organizations have been formed and strengthened 284 adult support groups (consisting of 60% PLHA/FAA and 40% general community) 266 children support groups and 64 grannies clubs. The major purpose of community support groups is to provide peer counseling to each other, increasing the knowledge levels on HIV/AIDS and reduce stigma and discrimination towards HIV/AIDS patients in the community. There are different support groups formed by a Nongovernmental organization such as Adult Support Groups for PLHIV, Grannies Clubs, Children Support Groups, School Support Groups, Prerana Friends Club, and People Living with HIV/AIDS Networks in India and Community Action and Volunteerism. These community structures meet monthly and discuss issues and concern and get psychosocial support from each other and prepare low-cost nutrition demonstration for a he**al**thy diet.

In Social Group Work, the group itself is utilized by the individuals with the help of the worker, as primary means of personality growth, change and Development. The worker is interested in helping to bring about individual growth and social development for the group as a whole as a result of guided ship interaction.

3.1 Support groups Concept was initiated in Home/ Community-based HIV/AIDS Care and Support Programme (HCBCS) in Andhra Pradesh with an objective of reducing stigma and discrimination by sharing their experiences and providing psychosocial support mutually within the community. This was successfully piloted in Vasavya Mahila Mandali implementation programme, by forming of 15-20 people living with HIV/AIDS (PLHA) and Family members affected by HIV/AIDS (FAA) of male and female of above 18 years into a group. The entire network NGOs in coastal Andhra Pradesh (AP) has replicated this model. By seeing this, the children have expressed their concern towards children forming into support groups and promoted into children support groups in due course of time. The word "support group" itself got stigmatized as the PLHA have formed into groups. Hence children have chosen to name them as "Community Core Groups."

3.2 Adult Support Groups for PLHIV

Community support groups were identified as an effective counter-strategy to deal with social exclusion. People facing stigma were encouraged to form a community of their own as adult support groups. In the beginning, the support group members were fearful of meeting in public places close to their own homes so that they would have group meetings behind closed doors in distant locations. Gradually they began to involve family and community leaders to attend (Mubasheer C. A., 2018) meetings as they realized the importance of getting family and community support and engagement. This created acceptance and an enabling environment and

allowed group members to live in their communities with dignity. Their health started to improve, and they began having group meetings in their own homes. Now support group members are respected as resource persons on AIDS in the same communities, which stigmatized them.

3.3 Grannies Clubs

Many grandparents have lost their sons, daughters-in-law, and daughters to AIDS and they have been left with the burden of caring for their grandchildren. The issue of orphaning and grandparents' mutual dependency demanded an innovative approach that resulted in the initiative of Grannies Clubs. Grannies meet once in a month to seek solace by sharing their grief and experiences and support each other in difficult times. One granny is providing psychosocial support to another, and the peer psychosocial support is giving a positive attitude for grannies to live longer and to give bright life to their grandchildren. They also discuss behavioral problems of their grandchildren. A small fund is also allotted for their income generation activity to earn a livelihood in their later years. Grannies have also been acting as TB-DOTS providers and maintaining their houses as condom outlets. Through the grannies club, the grannies have found a way to look at life positively, have received support in the form of medicines and education to their grandchildren and has led to increased acceptance of the HIV status of the grandchildren.

3.4 Children Support Groups

Following the success of adult support groups children affected by HIV were encouraged to form peer groups. Gradually other community children got attracted to these support groups because of the fun and child-friendly activities in the group, including AIDS awareness raising games. In the support groups, life skills were taught to help affected children cope with their circumstances. In a way, these children were HIV and AIDS ambassadors who were setting an example for adults in the community.

3.5 School Support Groups

The need for school-based support groups was identified when AIDS-affected children were being mistreated by other students in a school. 25 children in the eighth and ninth standards, two teachers and a community volunteer were mobilized to form a School Support Group that would discuss HIV and AIDS and adolescence related issues. This helped raise awareness and reduce the harassment that affected children were facing in the school. The success of this initiative encouraged other schools in the district to form school support groups, and very soon School Support Groups were established in eight additional districts. Significantly, as a result of School Support Groups, schools in the district began participating actively in community mobilization and AIDS awareness raising mass events. Furthermore, the improved academic performance of children who were part of school support groups led to teachers' encouraging other children to join school support groups.

3.6 Prerana Friends Club

Many studies reported that majority of the Children Living with HIV/AIDS (CLHIV) die before 15 years, and they suffer from many health diseases and sick frequently. VMM identified that they also need psychosocial support and mutual sharing by forming a group named Prerana Friends Club. Prerana means "Inspiration," the main aim of the Prerana friends club is to improve the

adherence level among CLHA and inspire the other CLHA to enhance their quality of life by having good adherence. Since then it was realized that making together of all CLHA and Caregivers in every month would be very helpful for them to solace their feelings and get inspired from each other concerning enhancing the better adherence level among CLHA.

3.7 People Living with HIV/AIDS Networks in India

Indian Network work for people living with HIV/AIDS is an origin to bring many positive networks in India. The main aim of the positive net work is to improve the quality of life of People living with HIV/AIDS in India and provides a sense of belongingness among PLHIV and their families for full and active participation in society and also to reduce further HIV transmission.

3.8 Community Action and Volunteerism

One of the positive outcomes of the growing interest in socio-cultural factors that influence HIV/STD transmission is the focus on the contribution of community action in this area. Wherever the virus spread, communities have responded, to provide care and support, to stop further infection, to assure the rights of the affected, to minister to spiritual, emotional and physical need (Reid; 1999). These inspiring community responses have emerged not from people living in specific localities, but also from groups of individuals unified by common interests and concerns. Community Volunteers also has a crucial role to play in the HIV prevention. In the absence of a vaccine, people must be informed about how HIV is transmitted and encouraged to protect themselves and their loved ones. They can do this by adopting safe behaviors, such as abstinence, mutual fidelity, or the consistent use of condoms. Ignorance and prejudice can best be vanquished by facts and understanding through neighborhood support systems, schools, religious associations, professional groups or family networks. Even when national and international campaigns inform people about HIV/AIDS, many people do not see the potential consequences of their behavior until they receive the same message disseminated by their community or peer group. Valuable lessons have been learned from experience in fostering and strengthening Community participation in HIV/STD prevention and AIDS care and support work.

4. Suggestions for Social Group Worker working in HIV/AIDS sector

Group associations become multiplied, and effective living depends upon the ability of the individual to live, work and play in diverse groups. The establishment of satisfying group relations outside of the family group it something everyone must accomplish and re-accomplish throughout all life. The need for group experience is basic and universal. Social group work believes that individuals can be helped to grow and change in personality and attitude because of their experiences with other people in the setting of social agencies. Personality growth is not only possible but probably better in those groups which have workers appropriately slay in the process of utilizing group interaction.

❖ A group is a basic unit through which the service is provided to the individual. Consequently, the agency and the worker responsible for the formation of a group or the acceptance into the agency of already formed groups must be aware of the factors inherent in the group situation that make the given group a definite potential for individual growth and for meeting recognizable needs.

❖ The major duties of the social group worker in the formation of support groups are the identification of PLHA in one geographical area and create a platform to get together at a familiar place and explain the benefits of support groups mostly about the cultural activities and sports. The social worker should create 'we feeling' among the members and encourages psychosocial support within the peer group. But the persons who have not self-stigma may interact explain all the experiences in their lives. It creates rapport with each other. Frequent follow up of support groups by NGO staff and capacity building to group members on issues related to HIV/AIDS. Before forming the groups in HIV/AIDS, the social worker should take permission from all people living with HIV/AIDS.

❖ Specific objectives for the individual as well as group development must be consciously formulated by the worker in harmony with group wishes and capacities and keeping with the agency function. Confidentiality is an important area that the social group worker should practice to keep the privacy of all the information. After getting the permission from the HIV patient, the social group worker may share their information with another HIV patient.

❖ Apart from this, a purposeful relationship must be established in between the worker and the group members.

❖ In group work, the primary source of energy which propels the group and influences the individuals to change are the interaction and reciprocal responses of the members. The group worker influences this interaction by the type and the quality of participation

❖ In group work, the group worker guides the group by setting up an organization to meet the group needs. The organization thus established should be understood by the group members, should be flexible and encouraged only if it meets the felt need of the members. The organization should be adaptive and should change as the group changes.

5. Conclusion

In the beginning of 2003 HIV infected people were not allowed to use public taps to fetch water; they were not invited for family functions or social gatherings. Friends, relatives, and neighbors would avoid visiting their homes. People maintained a physical distance and extended family members would not allow children to hug their HIV positive parents or sleep beside them. HIV positive people were not allowed to use public toilets, and people would not rent their homes to them. Spouses were hesitant to take part in the cremation of their partners'. Children of people living with AIDS were not allowed to study in local schools (Rashmi, 2003).

Government of India, Andhra Pradesh, and Civil Society organizations are implementing many activities to promote the quality of life among People/Women Living with HIV/AIDS, Children affected/infected by AIDS in Andhra Pradesh and India. Among them Vasavya Mahila Mandali, Positive Networks are two of the organizations which implementing the group work practice in HIV/AIDS Sector. Group Work creates 'we feeling, enabling environment, reduced stigma and discrimination' among the HIV affected and infected people in the communities/villages. Children

Support Group, Adult Support Group, Grannies Club, Prerana Friends Club and Positive networks for HIV affected and infected people are helped to reduce the stigma and Discrimination and promoted a safe environment for the HIV affected and Infected people in the community. These activities should scale over to all the NGOs in the state thereby build the support group structure in the state.

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